

**DELAWARE STATE BOARD OF ARCHITECTS  
ANNUAL REPORT OF CONTINUED EXPERIENCE AND PRACTICE SINCE JULY 31, 2003**

**RETURN THIS ORIGINAL WITH THE RENEWAL FORM AND FEE. PLEASE PRINT OR TYPE CLEARLY.**

LICENSE #: S5-\_\_\_\_\_ NAME IN FULL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

1. I have obtained additional registrations since my last report. Yes \_\_\_\_\_ No \_\_\_\_\_

**List jurisdiction(s) (U.S. and foreign) and registration number(s). Use back of form if necessary.**

2. I have allowed registration(s) to lapse. If yes, answer the following: Yes \_\_\_\_\_ No \_\_\_\_\_

2a. List jurisdiction(s) and registration number(s) on the back of this form.

2b. Was disciplinary action pending or threatened? Yes \_\_\_\_\_ No \_\_\_\_\_

3. I have been denied registration. Yes \_\_\_\_\_ No \_\_\_\_\_

4. My registration has been revoked or suspended. Yes \_\_\_\_\_ No \_\_\_\_\_

5. I have been found by a court or registration board to have violated the law in the conduct of my practice or through other conduct involving the wanton disregard of the rights of others. Yes \_\_\_\_\_ No \_\_\_\_\_

6. I have entered into a consent or similar agreement with a member board/provincial association in connection with disciplinary action. Yes \_\_\_\_\_ No \_\_\_\_\_

**If you answered yes to questions 3, 4, 5 or 6, list dates and provide details, including the result of any appeal from the finding(s). Add supplemental page(s) if necessary.**

7. I have been employed for the period covered: (If not employed, please explain on the back of this form.)

Dates of Employment

Check Appropriate Experiences

NAMES & ADDRESSES OF EMPLOYERS	FROM	TO	FULL TIME	PART TIME	Gen'l Practice	Teaching/ Research	Public Service	Other

**For more than two separate employers since the date noted at the top of this form, continue and complete this listing on the back of the report.**

8. I have practiced architecture as a principal. Yes \_\_\_\_\_ No \_\_\_\_\_

A person practices as a principal by being (a) a registered architect and (b) the person in charge of the organization's architectural practice either alone or with other registered architects. If yes, furnish the following information.

8a. Position: Sole Proprietor \_\_\_\_\_ General Partner \_\_\_\_\_ Corporation Director \_\_\_\_\_ Employee \_\_\_\_\_

8b. Name of Firm: \_\_\_\_\_

8c. Address: \_\_\_\_\_

8d. My practice as a principal has been on a full-time basis with the firm listed since the date noted at the top of this form. If no, please explain on the back of this form.

9. My status with the firm is the same as on the date noted at the top of the form. Yes \_\_\_\_\_ No \_\_\_\_\_

10. I have retired from practice. If yes, give date: \_\_\_\_\_ (Month/Day/Year) Yes \_\_\_\_\_ No \_\_\_\_\_

**I affirm that the foregoing statements are made in good faith and are true in every respect.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_